



See back of form for instructions for completion

1a. Name as shown on EMT-I Certificate		1b. Certificate Number	
1c. Certifying Authority			
Skill		Verification of Competency	
<b>1. Patient examination, trauma patient;</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Patient examination, medical patient</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. Airway emergencies</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Breathing emergencies</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. AED and CPR</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Circulation emergencies</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>7. Neurological emergencies</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>8. Soft tissue injury</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>9. Musculoskeletal injury</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>10. Obstetrical emergencies</b>	Affiliation	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number

## **INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM**

A completed EMT-I Skills Verification Form is required to accompany an EMT-I recertification application for those individuals who are either maintaining EMT-I certification without a lapse or to renew EMT-I certification with a lapse in certification less than one year.

### **1a. Name of Certificate Holder**

Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.

### **1b. Certificate Number**

Provide the EMT-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.

### **1c. Signature**

Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section the EMT-I is verifying that the information contained on this form is accurate and that the EMT-I certificate holder has demonstrated competency in the skills listed to a qualified individual.

### **1d. Certifying Authority**

Provide the name of the EMT-I certifying authority for which the individual will be certifying through.

### **Verification of Competency**

- 1. Affiliation** - Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
- 2.** Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the EMT-I Skills Competency Verification Form (EMSA-SCV 07/03) for that skill.
- 3.** Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
- 4. Certification or License Number** – Provide the certification or license number for the individual verifying competency.
- 5. Date**- Enter the date that the individual demonstrates competency in each skill.
- 6. Print Name** – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for EMT-I recertification for a maximum of two years from the date of verification.

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